

### DEFINITIONS MUST BE DEFINITE

"*State Medicine*," corporation medicine, social health insurance, lodge practice, social medicine and what-not under one name or another continues to be a controversial question for us. It will continue to be a source of much fruitless discussion until 100 per cent of the profession, through its organizations, takes an emphatic fighting stand against the whole thing and backs its organizations, both morally and financially, to do the work, or until some form of so-called medical and health service becomes a law and physicians become political appointees, rated, ruled, licensed and controlled by lay government officials.

Few of us fully realize the constant progress commercialized medicine is making, nor all of the disguises under which it works. The most amazing phase of this problem is the number of physicians who honestly oppose the socialization, nationalization and commercialization of medicine and who themselves are engaged in some of its most insidious and dangerous forms, apparently without realizing the full significance or trend of the work they are doing.

This comes of a lack of clear definitions of what is meant by "*State Medicine*," socialized medicine and all of its other names. Definitions must be definite and not contain a barrage of delphic words that will permit anyone to do anything, any time, any way he pleases. Some definitions of "*State Medicine*" offered by its partisans merely mystify and give us no clue to their meaning.

### OUR FAULTS IN WRITING

"Not long ago Dr. George H. Simmons, editor of the *Journal of the American Medical Association*, was called upon to give an address as president of the Chicago Institute of Medicine. He selected as his subject, 'Medical periodical literature,' upon which he is so well qualified to speak, because of an acquaintance of nearly thirty years with medical journalism. He began by reviewing the growth of the medical periodicals in the United States. When Oliver Wendell Holmes was chairman of a committee of the American Medical Association on medical literature, in 1848, only twenty medical journals were published in this country. The number had risen to 230 in 1903, but it has since declined to 120. Doctor Simmons notes 'a distinct change in the type of papers appearing in medical journals today as compared with twenty years ago. The therapeutic article of the past, replete with favorite prescriptions, often proprietary in character, has given way to scientific contributions on therapeutic methods, on pharmacology, on pathology, on etiology, on methods of diagnosis, on prophylaxis.' Although the number of medical journals has decreased in late years, the volume of writing for publication has not undergone any diminution, for the *Journal of the American Medical Association* is now receiving about 1500 manuscripts a year, exclusive of the papers submitted to the Sections of the annual meeting. It seems that about three-fifths of the manuscripts voluntarily offered are returned, and

Doctor Simmons devoted the greater part of his address to a consideration of the reasons for the rejection of the majority of the papers submitted for publication.

"One reason for rejection is lack of space. Some of the papers received are excellent both in the matter treated and in the manner of presentation, and there is no doubt about their acceptability. Many papers are too long, but one that is informative, that presents new facts or practical information, is not returned if fairly well written, though it may be necessary, with the author's help or approval, to shorten or revise it. The question of the proper length of a paper, like Einstein's theory as to space and time, is a matter of relativity. A paper of 500 words may be long; one of 5000 may be short. Undue length is a common fault, and Doctor Simmons finds three chief reasons for it. The first is 'rambling,' due to the absence of a plan, so that the author repeats himself and meanders to reach a given point. As a remedy, cross headings are recommended, not only because in a paper of any length they are of assistance to the reader, but because the task of introducing them reveals to the writer defects in the logical arrangement of his matter. If the proper beginning is not apparent, Doctor Simmons recommends the author to go right to the subject without preliminaries; to begin in the middle if necessary; when the end is reached the difficulty of the beginning will often have disappeared.

"The second cause of undue length is verbosity, which is to be remedied by revision. When revising a manuscript one ordinarily finds many words, phrases, clauses, sentences, and occasionally even paragraphs that can be struck out without detriment to the meaning. Such deletions not only save space but improve the style and help the reader.

"The third fault is the tedious discussion of non-essential details. In an extreme form this fault is displayed by papers in which the author, who has a new fact or observation to make, buries it under a mass of material which often takes the form of a long historical introduction.

"The real remedy for the defects which Doctor Simmons sees in paper after paper received at the editorial office of the *Journal of the American Medical Association* is, in his opinion, a more careful study of the art of writing and a thorough revision of all papers submitted for publication. In support of this he quotes Sir Clifford Allbutt's method, as described in his book, '*Notes on the Composition of Scientific Papers*.' The plan of this well-known medical writer is, first, to put down ideas and facts on slips of paper and sort them under headings; then to make a first draft and revise it; then a second and revise it; then a third and revise it; and then to put the whole away for at least a week 'in order that the final reading may be done with refreshed attention.' It may be noted that this method was also employed by Lafcadio Hearn in all his writings. Sir William Osler wrote in much the same way. During an inspection of some of the manuscripts in the Osler library, Doctor Simmons was able

to trace one article through its various stages: First there were notes on odd bits of paper, evidently written at odd moments; then there was a rough outline on the paper in long hand; then the first typewritten copy, with interlineations, transpositions, and deletions; next the second typewritten copy, which had been considerably modified; and finally, the third typewritten copy, which had been sent to the printer. 'If,' Doctor Simmons asks, 'this is the method of the masters, what about the rest of us?'—(W. M. K., United States Naval Medical Bulletin.)

### MANUSCRIPTS FOR PUBLICATION IN THE JOURNAL

The Journal has on hand and ready for press enough original articles to fill the numbers of the Journal up to and including March or April. About forty papers presented at the Yosemite meeting of the State Society have not been received by the Journal, or have not been returned in revised form for publication.

In addition to those now on hand, we can use about thirty manuscripts of 4000 words or less before the papers from the 1923 meeting of the State Society begin to come in.

In making up each number of the Journal, the editorial staff tries to distribute its original papers somewhat in accordance with the various recognized sections of the State Society; takes into consideration to a certain extent the geography of the State, and also considers the length of time that the final, revised and accepted manuscript has been in the office.

The official rules of the council governing publications in the Journal are printed herewith again for the information of all members:

1. The Journal will not publish original manuscripts except as presented by members of the State Society; provided, in the case of invited guests to the State Society or one of its constituent society meetings or invited guests to some special conference or meeting, they may be accepted at the discretion of the editor.

2. Except in special instances approved by the Publicity Bureau, manuscripts will not be accepted for publication in the Journal until they have been presented at a State Society meeting or a meeting of one of its constituent societies.

3. Manuscripts consisting essentially in individual case reports, unless these reports deal with extremely rare or unusual conditions, are not considered as being suitable for the Journal.

4. The editorial staff, as is usual in publications, shall reserve the right to modify, condense, extend or reject any manuscript from any person.

5. As a matter of policy, which may be changed only in special instances, the Journal will not accept articles of more than 5000 words and will give preference to those of from 2000 to 4000 words.

6. The Journal being intended to represent the entire membership of the State Society, the editor will, as far as feasible, give preference to material for publication that promises to be of the greatest good to all members of the profession.

7. In the selection and rejection of manuscript the editor and the Publicity Bureau will be guided in their action by the merit of the paper and to a limited degree by expediency. No discrimination will be made between the manuscript read at the State Society meeting and one read at any constituent society meeting. The determining point in both instances shall be the merit of the paper, and neither the Publicity Bureau nor the editor is obligated to publish any manuscript simply because it has been presented to either the State meeting or any other medical meeting.

### HYGEIA: A JOURNAL OF INDIVIDUAL AND COMMUNITY HEALTH

For years the medical profession has felt the need for a periodical through which the public might be enlightened in matters of medical science. At the session of the House of Delegates in St. Louis, the sentiment crystallized and the board of trustees was authorized to proceed with this publication. As shown by the minutes of the last session of the board (page 1936), plans have now matured sufficiently to permit definite announcement. The April, 1923, issue—ready in March—of Hygeia: A Journal of Individual and Community Health, the first number of a scientific medical magazine for the public, will mark what, it is hoped, will prove to be another great step in the service which the American Medical Association is rendering to the medical profession and to the people of our country.

Aside from the utilitarian aspects of the title Hygeia—its brevity, ease of pronunciation, simplicity and attractiveness—it is symbolic of the very foundation of medical science and preventive medicine. The name signifies the purpose of the periodical: To interpret medical science to the public; to inform the layman concerning the fundamental facts of physiology and pathology; to keep him in touch with the advance that scientific medicine is making in the prevention and alleviation of disease. By its physical form, its attractiveness, its interest and its practical value, Hygeia should appeal to the lay reader as a publication worthy of his attention.

It is hardly necessary to tell physicians that there are many special problems confronting the editorial staff of the new publication. Every physician has been faced with the difficulty of placing a medical subject suitably before a lay audience. The speaker or writer has to put himself in the place of those whom he would enlighten; he must speak in the language of the masses; he must interpret technical terms in words of every-day usage. For the understanding of facts in relation to disease, for comprehension of immunologic reactions, for explanations of the way in which bacteria gain entrance into the body and produce infection for knowledge of how various drugs produce effects within the body, certain fundamental knowledge is necessary. Unfortunately, the vast majority of our public do not have it; they have no knowledge of the essentials of either the anatomy or the physiology of their own bodies. The problem, as has been said, is a difficult one; but it is hoped that, by leading from the elementary to the advanced, and by the use of chart, diagram, table and picture, Hygeia may be of service to every reader.

Everywhere, the board of trustees, the council on health and public instruction and the editorial staff have met a most enthusiastic response and are receiving offers of whole hearted co-operation. Among the contributors whose articles will appear in early issues are scientists of note who can write in the language of the intelligent layman; moreover, many lay writers whose names are household words among the American reading public have agreed to give their assistance. It now remains for the medical profession to do its share in placing this journal in the hands of the public. On their co-operation will depend largely the success of the enterprise.—Journal A. M. A.

**105 Physicians Sue to Annul the Dry Laws Affecting Medical Practice**—According to the New York Times of November 19, 1922, action has recently begun in the United States District Court to annul the United States prohibition law insofar as it restricts physicians to a limited amount of alcoholic beverages in the treatment of patients. This action was brought at the instance of a group of 105 physicians headed by Dr. Samuel W. Lambert, dean emeritus of the College of Physicians and Surgeons of Columbia University.